

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						10 / 049570	APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1					51				
2		1				52				
3		2				53				
4		2				54				
5		2				55				
6		2				56				
7		2				57				
8		2				58				
9		2				59				
10		2				60				
11		2				61				
12		2				62				
13						63				
14						64				
15						65				
16						66				
17						67				
18						68				
19						69				
20						70				
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28						78				
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35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	1					TOTAL IND.				
TOTAL DEP.	21					TOTAL DEP.				
TC						TOTAL CLAIMS				
CLAIMS	22									